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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/604,469
	Filing Date	7/23/2003
	First Named Inventor	IFTIKHAN KHAN
	Art Unit	3763
	Examiner Name	STIGELL, THEODORE J
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I GRANT POWER OF ATTORNEY FOR THIS

☐ A Power of Attorney is submitted herewith. PATENT BACK TO MYSELF
IFTIKHAN KHAN.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

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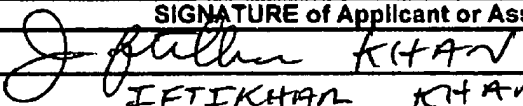
OR

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record	
Signature	
Name	IFTIKHAN KHAN
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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